



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
LEAD LICENSING PROGRAM  
**LEAD TRAINING NOTIFICATION**

**TRAINING PROVIDER INFORMATION**

The information on this form is required according to 19 CSR 30-70.320 (6)(K). Please complete this form and submit it to the Missouri Department of Health and Senior Services, Lead Licensing Program when notifying the program of lead training courses. The Lead Licensing Program is to be notified no less than fourteen (14) calendar days prior to the training course being conducted. If the scheduled training course(s) has been changed or cancelled, the program is to be notified twenty-four hours prior to the scheduled training.

Mail the completed form(s) to: Missouri Department of Health and Senior Services, Lead Licensing Program, P.O. Box 570, Jefferson City, MO 65102-0570.

**OR**, you can fax the completed form(s) to the Lead Licensing Program at 573-526-0441.

**TRAINING PROVIDER INFORMATION**

NAME OF LEAD TRAINING PROVIDER

CONTACT PERSON

**COURSE NOTIFICATION (This section is to be completed for new training courses notifications.)**

**MISSOURI ACCREDITED COURSE**

- |   |   |
|---|---|
| <input type="checkbox"/> Worker – Initial           | <input type="checkbox"/> Worker – Refresher           |
| <input type="checkbox"/> Supervisor – Initial       | <input type="checkbox"/> Supervisor – Refresher       |
| <input type="checkbox"/> Inspector – Initial        | <input type="checkbox"/> Inspector – Refresher        |
| <input type="checkbox"/> Risk Assessor – Initial    | <input type="checkbox"/> Risk Assessor – Refresher    |
| <input type="checkbox"/> Project Designer - Initial | <input type="checkbox"/> Project Designer - Refresher |

DATE(S) OF COURSE

TIME OF COURSE

COURSE LOCATION STREET ADDRESS

CITY

STATE

ZIP CODE

PRINCIPLE INSTRUCTOR

GUEST INSTRUCTOR(S) (IF ANY)

**COURSE CHANGES/CANCELLATIONS (This section is to be completed for changed or cancelled training course notifications.)**

☐ **CHANGED**

☐ **CANCELLED**

**MISSOURI ACCREDITED COURSE**

- |   |   |
|---|---|
| <input type="checkbox"/> Worker – Initial           | <input type="checkbox"/> Worker – Refresher           |
| <input type="checkbox"/> Supervisor – Initial       | <input type="checkbox"/> Supervisor – Refresher       |
| <input type="checkbox"/> Inspector – Initial        | <input type="checkbox"/> Inspector – Refresher        |
| <input type="checkbox"/> Risk Assessor – Initial    | <input type="checkbox"/> Risk Assessor – Refresher    |
| <input type="checkbox"/> Project Designer – Initial | <input type="checkbox"/> Project Designer - Refresher |

DATE(S) OF COURSE

CHANGES (IF APPLICABLE)